В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s) for each category of the Detailed Summary Page			E NUMBE	P	PAGE 586 / 592						
ITEMIZED DISBURSEMENTS			21b 27	22 28a	X	23 28b	24 28c		25 29	26 30b		
Any Information copied from such Reports and States or for commercial purposes, other than using the name										S		
NAME OF COMMITTEE (In Full)	and address of any pointed of						545					
New York Life Insurance Company Politic	al Action Committee											
Full Name (Last, First, Middle Initial) First State PAC			Transaction ID: 5601805 Date of Disbursement  M M M D D D Y Y Y O Y Y Y O Y Y Y Y Y Y Y Y Y									
Mailing Address P.O. Box 3006												
City State Zip Code Wilmington DE 19804				Amount of Each Disbursement this Period								
Purpose of Disbursement Contribution 011				5000.00								
Candidate Name First State PAC												
Office Sought: House Disburs Senate President State: District:	ement For:  Primary General  Other (specify) ▼			Contribution								
Full Name (Last, First, Middle Initial)				Transaction ID: 5601806 Date of Disbursement								
Rely on Your Beliefs Fund												
Mailing Address 209 Pennsylvania Avenue Southeast												
City State Zip Code Washington DC 20003				Amount of Each Disbursement this Period  5000.00								
Purpose of Disbursement Contribution 011												
Candidate Name Rely on Your Beliefs Fund		Catego Type	-									
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)			Contribution								
Full Name (Last, First, Middle Initial)				Trans	eacti	on ID:	56019	207				
Silver State 21st Century PAC			Transaction ID: 5601807 Date of Disbursement									
Mailing Address 3069 Conquista Ct.			1 <sup>M</sup> 2	M	<sup>/</sup> 1	0 /	' <u>2</u>	O Ŏ S	9 '			
City Las Vegas	State Zip Code NV 89121			Amo	unt o	f Each	Disburse	emen	t this	Period		
Purpose of Disbursement Contribution 011			T L.				50	00.00	)			
Candidate Name Category/ Silver State 21st Century PAC Type			ory/									
Senate President	ement For:  Primary General  Other (specify) ▼			Contribution								
State: District:												
SUBTOTAL of Disbursements This Page (optional)								150	00.00			

TOTAL This Period (last page this line number only) ......